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HEALTHCARE RECRUITMENT CHAMPIONS

## The Care Certificate

### STANDARD 12 BASIC LIFE SUPPORT

Your employer will provide you with practical training to be able to put this knowledge into practice in order to be able to carry out basic life support competently.

Completion of this standard will not provide you with the competence to become a first aider. In order to achieve this you would be required to undertake specific first aid qualifications within your workplace. The qualification will be dependent on your job role and your employer's assessment of first aid needs. This pack provides you with knowledge to support your practical training in Basic Life Support.

The Resuscitation Council (UK) produces resuscitation guidelines that are required to be followed by all healthcare professionals, first-aid organisations and lay people.

**Basic life support** comprises the following elements:

- Initial assessment
- Airway maintenance
- Cardiopulmonary Resuscitation (CPR).

When approaching a casualty, an initial casualty assessment should be conducted; this initial assessment is called a primary survey.

The primary survey is a systematic process of approaching, identifying and dealing with immediate and/or life-threatening conditions.

The primary survey can be remembered by the acronym **DRSABCD** (or the easy way to remember; **Doctors ABCD**).

D – Danger.

R – Response.

S - Shout for help.

A – Airways.

B – Breathing.

C – CPR/Circulation.

D – Defibrillation.



## Basic Life Support detailed sequence of steps

(Taken from Resuscitation Council (UK) guidelines)

.SEQUENCE	Technical description
<b>DANGER</b>	<b>Make sure you, the casualty and any bystanders are safe</b>
<b>RESPONSE</b>	<b>Check the casualty for a response</b>  If the casualty responds leave them in the position in which you find them, provided there is no further danger; try to find out what is wrong with them and get help; reassess regularly and stay calm and reassure the casualty.  Use the AVPU scale when checking for a response  A – Alert – Is the casualty moving/talking? - No – Proceed to V V – Voice – Does the casualty respond to speech? - No – Proceed to P P – Place – Place your hand on the casualty’s shoulders and gently shake them. Ask loudly ‘Are you alright?’, if NO response then proceed to U U – Unresponsive – Assume the casualty is unresponsive.
<b>AIRWAY</b>	<b>Open the airway</b> <ul style="list-style-type: none"><li>• Turn the casualty onto their back</li><li>• Place your hand on the forehead and gently tilt the head back; with your fingertips under the point of the casualty’s chin, lift the chin to open the airway</li></ul>
<b>BREATHING</b>	<b>Look, listen and feel for normal breathing for no more than 10 seconds</b> In the first few minutes after cardiac arrest, a casualty may be barely breathing, or taking infrequent, slow and noisy gasps. Do not confuse this with normal breathing. If you have any doubt whether breathing is normal, act as if it is they are not breathing normally and prepare to start CPR
<b>DIAL 999</b>	<b>Call an ambulance (999)</b> <ul style="list-style-type: none"><li>• Ask someone to call if possible otherwise call them yourself</li><li>• Stay with the casualty when making the call if possible</li></ul>



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	<ul style="list-style-type: none"><li>• Activate the speaker function on the phone to aid communication with the ambulance service</li></ul>
<b>SEND FOR Automated External Defibrillator (AED)</b>	<p><b>Send someone to get an AED if available</b></p> <p>If you are on your own, do not leave the casualty, start CPR</p>
<b>CIRCULATION</b>	<p><b>Start chest compressions</b></p> <ul style="list-style-type: none"><li>• Kneel by the side of the casualty</li><li>• Place the heel of one hand in the centre of the casualty's chest; (which is the lower half of the casualty's breastbone (sternum))</li><li>• Place the heel of your other hand on top of the first hand</li><li>• Interlock the fingers of your hands and ensure that pressure is not applied over the casualty's ribs</li><li>• Keep your arms straight</li><li>• Do not apply any pressure over the upper abdomen or the bottom end of the bony sternum (breastbone)</li><li>• Position your shoulders vertically above the casualty's chest and press down on the sternum to a depth of 5–6 cm</li><li>• After each compression, release all the pressure on the chest without losing contact between your hands and the sternum;</li><li>• Repeat at a rate of 100–120 min</li></ul>
<b>GIVE RESCUE BREATHS</b>	<p><b>After 30 compressions open the airway again using head tilt and chin lift and give 2 rescue breaths</b></p> <ul style="list-style-type: none"><li>• Pinch the soft part of the nose closed, using the index finger and thumb of your hand on the forehead</li><li>• Allow the mouth to open, but maintain chin lift</li><li>• Take a normal breath and place your lips around his mouth, making sure that you have a good seal</li><li>• Blow steadily into the mouth while watching for the chest to rise, taking about 1 second as in normal breathing; this is an effective rescue breath</li><li>• Maintaining head tilt and chin lift, take your mouth away from the casualty and watch for the chest to fall as air comes out</li><li>• Take another normal breath and blow into the casualty's mouth once more to achieve a total of two effective rescue breaths. Do not interrupt compressions by more than 10 seconds to deliver two breaths. Then return your hands</li></ul>



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	<p>without delay to the correct position on the sternum and give a further 30 chest compressions</p> <p>Continue with chest compressions and rescue breaths in a ratio of 30:2</p> <p>If you are untrained or unable to do rescue breaths, give chest compression only CPR (i.e. continuous compressions at a rate of at least 100–120 min)</p>
<b>IF AN AED ARRIVES</b>	<p><b>Switch on the AED</b></p> <ul style="list-style-type: none"><li>• Attach the electrode pads on the casualty's bare chest</li><li>• If more than one rescuer is present, CPR should be continued while electrode pads are being attached to the chest</li><li>• Follow the spoken/visual directions</li><li>• Ensure that nobody is touching the casualty while the AED is analysing the rhythm</li></ul> <p><b>If a shock is indicated, deliver shock</b></p> <ul style="list-style-type: none"><li>• Ensure that nobody is touching the casualty</li><li>• Push shock button as directed (fully automatic AEDs will deliver the shock automatically)</li><li>• Immediately restart CPR at a ratio of 30:2</li><li>• Continue as directed by the voice/visual prompts</li></ul> <p><b>If no shock is indicated, continue CPR</b></p> <ul style="list-style-type: none"><li>• Immediately resume CPR</li><li>• Continue as directed by the voice/visual prompts</li></ul>
<b>CONTINUE CPR</b>	<p><b>Do not interrupt resuscitation until:</b></p> <ul style="list-style-type: none"><li>• A health professional tells you to stop</li><li>• You become exhausted</li><li>• The casualty is definitely waking up, moving, opening eyes and breathing normally</li></ul> <p>It is rare for CPR alone to restart the heart. Unless you are certain the person has recovered continue CPR</p>
<b>RECOVERY POSITION</b>	<p><b>If you are certain the casualty is breathing normally but is still unresponsive, place in the recovery position</b></p>



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- Remove the casualty's glasses, if worn
- Kneel beside the casualty and make sure that both his legs are straight
- Place the arm nearest to you out at right angles to his body, elbow bent with the hand palm-up
- Bring the far arm across the chest, and hold the back of the hand against the casualty's cheek nearest to you
- With your other hand, grasp the far leg just above the knee and pull it up, keeping the foot on the ground
- Keeping his hand pressed against his cheek, pull on the far leg to roll the casualty towards you on to his side
- Adjust the upper leg so that both the hip and knee are bent at right angles
- Tilt the head back to make sure that the airway remains open
- If necessary, adjust the hand under the cheek to keep the head tilted and facing downwards to allow liquid material to drain from the mouth
- Check breathing regularly

**Be prepared to restart CPR immediately if the casualty deteriorates or stops breathing normally**

### Dial 999

Early contact with the ambulance service is essential for the casualty because the sooner medical assistance arrives the greater the chance of survival. Once the ambulance service has received the call it can give telephone instruction on how to perform CPR and begin the locating and dispatching of the nearest AED.

If possible, stay with the casualty while calling the ambulance. If the phone has a speaker facility, switch it to speaker mode as this will facilitate continuous dialogue with the dispatcher including (if required) CPR instructions.

### Use of an Automated External Defibrillator

AEDs are safe and effective when used by laypeople, including if they have had minimal or no training. AEDs may make it possible to defibrillate many minutes before professional help arrives. CPR providers should continue CPR with minimal interruption to chest compressions both while attaching an AED and during its use. CPR providers should concentrate on following the voice prompts, particularly when instructed to resume CPR, and minimising interruptions in chest compression.

### Choking

The main aim of the respiratory system is to supply oxygen to all parts of the body. Breathing is essential to life.



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When we inhale we breathe in a mixture of:

- Oxygen (20%)
- Nitrogen (79%)
- Other gases (1%).

When we exhale we breathe out a mixture of:

- Oxygen (16%)
- Nitrogen (79%)
- Carbon dioxide (4%)
- Other gases (1%).

### The choking adult

The obstruction of the airway can be due to different causes including foreign bodies (foods), allergic reactions, asthma, blood, vomit and infections.

Someone who is choking will have either a partial or complete obstruction of the airway.

The severity of the blockage will determine the difficulty in breathing and can cause the casualty to become unconscious and unresponsive

### Signs

- Grasping at the throat area
- Difficulty in breathing and speaking
- Difficulty in crying or making a noise
- Redness of the face
- Eyes enlarged and watering
- Displaying distress.

**Below are the steps recommended by the Resuscitation Council (UK) Guidelines.**

SEQUENCE	Technical description
<b>SUSPECT CHOKING</b>	Be alert to choking particularly if casualty is eating
<b>ENCOURAGE TO COUGH</b>	Encourage the casualty to cough
<b>GIVE BACK BLOWS</b>	<p>If cough becomes ineffective give up to 5 back blows</p> <ul style="list-style-type: none"> <li>• Stand to the side and slightly behind the casualty</li> <li>• Support the chest with one hand and lean the casualty well forwards so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway</li> <li>• Give five sharp blows between the shoulder blades with the heel of your other hand</li> </ul>



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SEQUENCE	Technical description
<b>GIVE ABDOMINAL THRUSTS</b>	<b>If back blows are ineffective give up to 5 abdominal thrusts</b> <ul style="list-style-type: none"><li>• Stand behind the casualty and put both arms round the upper part of the abdomen</li><li>• Lean the casualty forwards</li><li>• Clench your fist and place it between the umbilicus (navel) and the ribcage</li><li>• Grasp this hand with your other hand and pull sharply inwards and upwards</li><li>• Repeat up to five times</li><li>• If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts</li></ul>
<b>START CPR</b>	<b>Start CPR if the casualty becomes unresponsive</b> <ul style="list-style-type: none"><li>• Support the casualty carefully to the ground</li><li>• Immediately activate the ambulance service</li><li>• Begin CPR with chest compressions</li></ul>

### Choking (infant and small child)

An obstruction can cause minor or major breathing difficulties and, in severe circumstances, may cause the infant or child to become unconscious or unresponsive.

#### Signs

Grasping at the throat area

Eyes enlarged and watering

Difficulty in breathing and speaking (in the case of a child)

Difficulty in crying or making a noise

Redness of the face

Distress.

With a complete obstruction the infant or child may show the above signs but also the skin colour may develop a blue/grey tinge; they will get progressively weaker and eventually they will become unconscious.

#### Action to be taken

- Shout for help
- Look into the infants mouth and remove any visible objects (if they are easily accessible, do not perform a blind finger sweep)
- Sitting on a chair where possible and laying the child along the top of your legs place the infant in a downward facing position with the infants head at the lowest point



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- Support the infant's head by making a cradle with your fingers and thumb of one hand supporting the infant's lower jaw
- The palm of the hand supports the infant's chest and the trailing arm supports the infant's body
- Administer a maximum of 5 sharp back blows with the other hand (the heel of the hand should strike in between the infant's shoulder blades)
- If, after five sharp back blows the obstruction still remains, then carefully turn the infant over to face you, once again, ensuring that the head is below chest level
- administer a maximum of five chest thrusts; use two fingers to carry this out (chest thrusts are similar to chest compressions but should be administered more slowly and sharply)
- Check the infant between each chest thrust and if the obstruction is cleared then cease administering chest thrusts immediately
- If after three cycles of administering back blows and chest thrusts, the obstruction is still present, contact the emergency services and continue with the cycles of back blows and chest thrusts
- If the infant becomes unresponsive then place on a firm flat surface and be prepared to carry out *CPR*.

### **A choking child**

Encourage the child to cough. If coughing clears the obstruction, monitor the child. If after coughing the obstruction still remains and the child is choking, then administer up to a maximum of 5 back blows.

### **Back blows**

- Lean the child forward (supporting the upper chest with one hand)
- Administer a maximum of 5 sharp back blows with the other hand (the heel of the hand should strike in between the child's shoulder blades)
- If, after 5 sharp back blows the obstruction still remains, then administer up to a maximum of 5 abdominal thrusts.

### **Abdominal thrusts**

- Stand or kneel behind the child, lean them forward and place your arms and hands around their waist
- Make a clenched fist with one hand and place the thumb of the clenched fist above the navel
- Cup the clenched fist with the other hand and thrust inwards and upwards sharply in one motion
- Repeat this procedure up to a maximum of five times
- Check the child between each abdominal thrust and if the obstruction is cleared then cease administering abdominal thrusts immediately
- If after 3 cycles of administering back blows and abdominal thrusts, the obstruction is still present, contact the emergency services and continue with the cycles of back blows and abdominal thrusts
- If the child becomes unresponsive then place on a firm flat surface and be prepared to carry out *CPR*.

### **Record keeping**

Depending on your specific job role, there will be information and records that will require completing should an infant, child or adult be involved in an accident, or become ill whilst in the health and social care setting.

This recorded information in the accident book can;

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- Prove useful for any investigations
- Help to control health and safety risks
- Help to identify trends
- Be used for reference in future first aid needs assessments

Please refer to your employer's policies and procedures regarding the necessary record keeping requirements.

All information regarding this must be kept confidential and only accessible to those who have a right to access them.

**There are no questions with this standard. The assessment will be signed off once you have completed a practical Level 2 Basic Life Support training and received your certificate. The Basic Life Support training you receive maybe part of a First Aid Course.**